FELONY MINUTE SHEET FORM 101

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY: Enter each continuance here. In cases of multiple defendants indicate which defendants, if any, did not join in the continuance. Also indicate dates of all demands for trial, and by whom demands were made.		(For State's Attorney Use Only)		FELONY APPROVAL ASA Fox	
COURT:		_			
I.R. NUMBER	DEFENDANTS	AGE	DATE OF ARREST	CHARGE	
1786574	Kenyada Clair	23	11/30/2016	AGGRAVATED BATTERY	
Date of offense	10/21/2016 Time 040	Ohrs Place	Div 9, 2834 W. 31s	t, Chicago, Cook County, IL , Illinois	

The facts briefly stated are as follows:

In Summary: On 21 Oct 16 at approximately 0430hrs, ogen renear responded to tier 3B of Division 9 for a refusal of Shipment to IDOC. Upon his arrival he was directed to cell #3102 which housed (Offender) CLAIR,Kenyada.

WITNESSES: SPELL OUT FIRST AND LAST NAME; FIRST NAME FIRST ALSO FURNISH ADDRESS AND PHONE NUMBER OF EACH WITNESS								
PROSECUTING WITNESS:	Inv. 16	2700 S. California Chicago, IL 60608						
		W D		11/20/2014				
BOND: \$	ASST. STATE'S ATTY.	is SpaceFor State's Atty. Use Only)	DATE	11/30/2016				